

Jordan School District
Documentation of Medical History

Student:

Date of Birth:

Parent/Guardian:

Address:

Phone #:

School:

Grade:

Date:

Primary Care Physician:

Phone #:

Parent must sign a current HIPAA compliant release of information form before medical history information can be obtained. Parents have the right to determine whether any information should remain confidential and not be included for purposes of this release. Parents should inform the appropriate health professional of information that should not be released to school personnel.

Health Professional's Name:

Role:

Phone #:

Fax #:

Student's prior medical history including information regarding the following specific syndromes:

Health Concerns:

Medication:

Seizure Disorder:

Restrictions:

Diagnoses/Conditions: Please list all that apply including co-morbid conditions.

Could these conditions adversely affect this student's educational performance?

If yes, briefly describe the perceived impact.

Person obtaining information:

Print Name

Signature